

ID # 9994

Case #:
Status:
Date and Time Reported: 10/31/2016 12:00 AM
OSHA Recordable?: No
Was this a non-occupational injury or illness?: No
Organization: Lake Region Medical>Operations>Advanced Surgical>Orchard Park>OPK Blades>9994>
Report Type : Injury or Illness

 REPORTED BY

First Name: Daniel
Last Name: Bogucki
Job Title: Machine Operator 2
Phone:
Email Address: daniel.bogucki@accellent.com

Attachments:
 JOURNAL

 SUBJECT IDENTITY

Privacy case: Yes
First Name: Jessica
Last Name: Smither
Address:
City:
State/Province:
Zip/Postal Code:
Gender (Employee's Sex):
Date of birth (with permission of employee):
Date of Hire (Employee's Hire Date):
Date began current post:
Employment Status (Employee Type): Temporary
Job Title: Finisher
Start of Shift: 11:00 PM
End of Shift: 7:00 AM
Department: Blades
Supervisor's First Name: Steve
Supervisor's Last Name: Hender
Was employee working within the scope of the job when the incident occurred?: Yes

 DESCRIPTION

Date and Time of injury, onset of illness or incident: 10/31/2016 12:00 AM
Date and Time employee began work: 10/30/2016 11:00 PM

Did the event occur offsite?: No

Place where incident occurred (department or physical location):

Place where incident occurred (department or physical location): Blades Polishing

What was the employee doing just before the incident occurred?:

What was the employee doing before the incident occurred?: Jessica was setting up her work station for polishing Blades

Detailed description of incident and any relevant circumstances & conditions that preceded incident :

Detailed description of incident and any relevant circumstances & conditions that preceded incident: Her glove got caught on the wing nut at the end of the Foredom brush motor as she sweep debris into the vacuum hose on table. The wing nut the started to wrap her glove around it injuring her hand on the table.

Select injury or type of illness: Injury

Injury Category: Contact with machinery

Illness Category: Musculoskeletal disorder - upper limb

Describe the Injury or Illness?:

Describe the injury or illness: Possible bruise to left hand.

What object or substance directly harmed the employee?:

What object or substance directly harmed the employee or impacted the environment?: wing nut/foredom

Details of the injury - Type: Bruising

Details of the Injury - Body Part: Hand-L

Details of the injury - Severity: Possible bruise to left hand. Negative loss to Range of Motion, Negation discoloration to hand, Negative loss of strength in hand.

Witness 1:

Witness 1 Comments:

Witness 1 Comments:

Would you like to add a second witness?:

Was employee treated in the emergency room?:

Hartford/Insurance Claim Number:

Was employee admitted to the hospital?:

Contributing Factors - Material:

Contributing Factors - Material:

Contributing Factors - Equipment:

Contributing Factors - Equipment:

Contributing Factors - Environment:

**Contributing Factors -
Environment:**

**Contributing Factors -
People:**

**Contributing Factors -
People:**

Contributing Factors - Other:

Contributing Factors - Other:

**Immediate Causes -
Substandard Acts:**

**Immediate Causes -
Substandard Conditions:**

**Immediate Causes -
Explanation:**

**Immediate Causes -
Explanation:**

**Root Causes - Personal
Factors:**

**Root Causes - Job/System
Factors:**

Root Causes - Explanation:

Root Causes - Explanation:

Corrective Action:

Corrective Action:

**Was this a potentially
serious incident?:**

**If yes to above, provide
details and potential
outcome:**

☐ TREATMENT DETAILS

**First Full Day the employee
was assigned job transfer or
work restriction:**

**First Full Day the employee
was re-assigned to a regular
job or restriction was lifted:**

**First Full Day the employee
left work:**

**First Full Day the employee
returned to work:**

**First name of physician or
health care professional:**

**Last name of physician or
health care provider:**

**Was treatment given at a
location away from the
worksite?:**

**If treatment was given at a
location away from the
worksite, provide name and
address of facility:**

**If employee died, give date
of death:**

☐ LINKS

[Click Here To Generate A New Action](#)
